

CLAIMS ONLY

Application Number	10589836	Filing Date
Applicant(s)		

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51			
2	1						52			
3	1						53			
4	1						54			
5	1						55			
6	1						56			
7	1						57			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	5						Total Indep			
Total Depend	7						Total Depend			
Total Claims	12						Total Claims			